Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

(Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		RA		FEE	[RATE	FEE
BASIC FEE									345.00	OR		690.00
TO	TAL CLAIMS		minus 20=		= * noclains		X\$	9=	·	OR	X\$18=	
INDI	INDEPENDENT CLAIMS				minus 3 = *			39=		OR	X78=	
MUI	MULTIPLE DEPENDENT CLAIM PRESENT						+13	30=		OR	+260=	
* If the difference in column 1 is less th				less than zer	ı zero, enter "0" in column 2			TAL	-	OR	TOTAL	690
	CLAIMS AS AMENDED - PART II									•	OTHER	THAN
(Co			olumn 1)		(Column 2)	(Column 2) (Column 3)		SMALL ENTITY		OR	SMALL	
ENT A		REM A	LAIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**	=	X\$	9=		OR	X\$18=	
AME	Independent	<u> </u>		Minus	***	=	X	39=		OR	X78=	
	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DEP	ENDENT CLAIN	VI .	+1	30=		OR	+260=	
	•				•			TOTAL		OR	TOTAL ADDIT. FEE	
		· (Co	lumn 1)		(Column 2)	(Column 3)	YOU	1. FEE		•	ADDIT: 1 EE	
ENT B		REI	LAIMS MAINING AFTER INDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total			Minus	**	=	X	6 9=		OR	X\$18=	
ME	Independent	*		Minus	***	=	X	39=		OR	X78=	
Ľ	FIRST PRESE	NTAT	ON OF M	ULTIPLE DEF	PENDENT CLAI	M		30=		1	+260=	
								JOTAL		OR	TOTAL	
		•					ADDI	T. FEE		OR	ADDIT. FEE	L
	lorest de procesiones		lumn 1)		(Column 2) HIGHEST	(Column 3)	·	·	<u> </u>	,		T . = = .
ENT C		RE	MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*		Minus	**	=	X	9=		OR	X\$18=	
AMENDMENT	Independent	*		Minus	***	=	x	39=		OR	X78=	
L	FIRST PRES	ENTAT	ION OF M	ULTIPLE DEF	PENDENT CLAI	М	l		-	1		 -
	If the enterings	ımn 4 :-	loce ther	the entry in eater	mn 2, write "0" in	column 3	Ŀ	30=		OR	+260=	<u> </u>
**	If the "Highest Nu	umber F	Previously F	aid For" IN THI	S SPACE is less to S SPACE is less to	than 20, enter "20.	" ADDI	TOTAL T. FEE		OR	TOTAL ADDIT. FEE	<u></u>
1	The "Highest Nu	mber Pi	reviously Pa	aid For" (Total o	r Independent) is	the highest number	er found in	the ap	propriate be	ox in co	olumn 1.	

This Form is for INTERNAL PT USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/519129
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		Total Fee	: Calculatio	а	·	
	Fee Code	Tacil # Claum.	Soumber Exten X	Fe-	For •	Total
	Sm./Lg			Sial Eating	Lg Eartry	
esale Filing Fee	<u> 2017) (1)</u>				690.	690
Tutal Claims >20	201/101	-20 -	»			
Independent Claum: >1	2/12/102	.; -	 ;;		•	
Mult, Dep Claim Present	204/104				•	
Surchurge	205/105				130 .	130
English Translation	139 .					
TOTAL FEE CALCULA	ATION					820
Fees due upon filing d	he application					
Total Filing Fees Oue	= \$ <u> </u>	920.	n			
Less Filing Fees Subm	ined - \$					
BALANCE DUE	= 5	82	0, N			
Office of Initial Parent	Listes Examination	·				
ÖRM OIPE-RAM-OI (Rev		Figu	ire 7			